

## Controlled Substance Application

Before you can prescribe any controlled substances in the state of Nevada, you **MUST OBTAIN** the following **IN THIS ORDER**:

1. Pending Controlled Substance (CS) registration number; **THEN**
2. Drug Enforcement Administration (DEA) number; **THEN**
3. Nevada Prescription Monitoring Program (PMP) account
4. Permanent Controlled Substance (CS) registration number.

Follow each step below **IN ORDER** to ensure successful processing of your application.

### Step 1: Obtaining your Controlled Substance (CS) registration number

- A. Complete the attached Controlled Substance Application (\*NOTE: You must have a current Nevada practice license from your licensing board AND a Nevada practice address to complete this application.)
- B. Mail your completed application with the required fee of \$200.00 (payable by check or credit card only) to:

#### **Nevada State Board of Pharmacy**

985 Damonte Ranch Pkwy Ste 206  
Reno, NV 89521

This application cannot be returned by fax or email.  
An original signature and fee are required to process.

- C. When we receive your completed application and fee, we will send you an email with your **PENDING CS** registration number once reviewed and approved.
- D. When you receive your **PENDING CS** registration number, you may proceed to Step 2 to apply for your DEA number.
- E. You ***WILL NOT*** receive your **ACTUAL CS** registration number until Steps 2 and 3 are completed.

### Step 2: Obtaining your Drug Enforcement Administration (DEA) number

- A. Complete the on-line DEA application at [deadiversion.usdoj.gov](https://deadiversion.usdoj.gov). If you already have a DEA number from another state, and you want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form. (\*NOTE: You must have your PENDING CS registration number to complete the DEA application or the Registration Change Requests form.)
- B. Once you complete the DEA application or the Registration Change Requests form, you will receive your DEA certificate in the mail.
- C. You ***MUST*** fax (775-850-1444) or email (<mailto:pharmacy@pharmacy.nv.gov>) a copy of your DEA certificate to the Nevada State Board of Pharmacy. Once you fax or email a copy of your DEA certificate to the Nevada State Board of Pharmacy, you may proceed to Step 3 to apply for your PMP account.

### **Step 3: Nevada Prescription Monitoring Program (PMP) account**

#### **(VETERINARIANS ARE EXEMPT FROM THIS STEP.)**

- A. Go to [nevada.pmpaware.net](http://nevada.pmpaware.net) and follow the instructions below to complete the on-line PMP application:
- a) Click "Create an Account".
  - b) Input your email address, create a password, click "Save and Continue".
  - c) Select Your User Role and click "Save and Continue".
  - d) Complete required "Personal" and "Employer" information. (\*NOTE: You must have your PENDING CS registration and DEA number to complete the PMP application.)
  - e) Complete and return the HealthCare Professional Certification Statement Form. This can be uploaded directly onto the site during registration, faxed to (775) 687-5161, or sent to [pmp@pharmacy.nv.gov](mailto:pmp@pharmacy.nv.gov).
  - f) You must verify your email by clicking on a link contained in an email from "No Reply PMP Aware". It is a computer generated email so it may go into your spam or junk file.
  - g) When the PMP administration receives your completed application, your PMP application will be approved within 1-3 business days. Once your application has been approved, you will receive an email stating your PMP application has been approved.

**Once you have completed Steps 1, 2, and 3 (or Steps 1, and 2 for Veterinarians) you will receive your ACTUAL CS registration number from the Nevada State Board of Pharmacy in the mail within 14 business days. You ARE NOT authorized to prescribe controlled substances in the state of Nevada until you have received your ACTUAL CS registration number.**

**CSR number expires October 31, of the even numbered years, despite when the license is issued. It is your responsibility to keep us up to date with your practicing address by notifying the board in writing. For questions, please contact the Nevada State Board of Pharmacy at (775) 850-1440.**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

## CONTROLLED SUBSTANCE APPLICATION Registration Fee: \$200.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

(This application cannot be used by PA's or APRN's)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Practice Name (if any): \_\_\_\_\_

Nevada Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PO Box: \_\_\_\_\_ SS# or ITIN: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Degree: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ M or ☐ F

Practitioner License Number: \_\_\_\_\_ Specialty: \_\_\_\_\_

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

				Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>				<input type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....				<input type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...				<input type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input type="checkbox"/>	<input type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

Original Signature, no copies or stamps accepted.

Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: \_\_\_\_\_



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: [bop.nv.gov](http://bop.nv.gov)

**Applicant Name:** \_\_\_\_\_

**Payment:** Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

**Credit Cards are charged a 5% processing fee**

<b>Credit Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		<b>Credit Card #:</b> _____	
<b>Expiration Date:</b> ____/____/____ (MM/YY)		<b>CVV (3 digits on back of card):</b> _____	<b>License Amount:</b> \$_____
<b>Name on Card:</b> _____			
<b>Billing Address:</b> _____ _____ _____			